



RESEARCH APPLICATION

(ALL INFORMATION MUST BE COMPLETE BEFORE APPLICATION IS VALID)

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Applicant's Full Name:		
Applicant's Full Name:Last	First	Middle
Mailing Address:		
Mailing Address:Street Address	Apt#	P.O. Box
City	State	Zip Code
Maiden, Indian or Alias:		
Date of Birth:	Place of Birth:	
Ancestor(s) whom Indian roots are claimed on: _		
Relationship	Date of B	irth and/or Place of Birth
Are you enrolled with another Tribe? If yes, what Tribe are you enrolled with:		YES NO
Has applicant ever filed a research application w if so, please provide date:		YES NO
Is applicant an Adopted Child? if yes, please list natural parents:		YES NO
Is either of your natural parents enrolled as mem if yes, which parent and what Tribe:		YES NO

APPLICANT'S IMMEDIATE FAMILY

Applicants mothers full name:	
Date of Birth:	Place of Birth:
Applicants fathers full name:	
Date of Birth:	Place of Birth:
Brother:	Sister:
Children:	Children:
Children:	Children:
AUTH	ORIZATION FOR RESEARCH
I,	hereby authorize the Absentee Shawnee Tribal
•	nily tree. I fully understand that due to the confidentiality of enrollment files,
	ormation can only be used for myself for the purpose of
	I also understand that it is a criminal offense under Tribal Law to present
false or fraudulent information for Enr	ollment purposes. I hereby certify that the information is true and correct to the
best of my knowledge. I also understan	d research is a lengthy process and is done by date received.
Signature	Date